

HISTORICALLY UNDERUTILIZED BUSINESSES (HUBs) Guidelines

[There is more than one set of HUB forms based on the type of reimbursement method (cost reimbursement or fee-for-service). Program staff are responsible for determining which HUB requirements, instructions and forms are to be included in the RFP. The forms that are not applicable and will not be provided to applicants should be deleted. If you have questions, please contact Al Beavers, HUB Program Coordinator, at 512-458-7394 or by e-mail at: al.beavers@tdh.state.tx.us.]

FORM J-1: TDH GRANT/CONTRACT APPLICANTS CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-IGA)

INSTRUCTIONS

HUB Subcontracting Plan (HSP) Policy: In accordance with Texas Government Code, Sections 2161.181-182, Health and Human Service (HHS) agencies shall make a good faith effort to utilize Historically Underutilized Businesses (HUBs) in contracts for construction, services (including professional and consulting services), and commodity procurements. Therefore, HHS contractors shall be required to make a good faith effort to ensure that HUBs receive their respective share of the total value of all subcontract awards each fiscal year. "Subcontract" means a written third party contract between a prime contractor/grantee and another contractor for the performance of all or part of a contract.

The questions below must be completed and returned by applicant with the application.

Applicant (Agency or company) Name (print): _____ Date: _____

TDH Grant/Contract Application Identifier: _____ *(To be entered by TDH program prior to RFP distribution)*

Yes/No	
<input type="checkbox"/> <input type="checkbox"/>	Are you a governmental body (local government, school district, etc.) bound by HUB or MWBE mandates/requirements?
Yes	If "Yes", complete only the top part of this sheet and return it with your application; no further action is required.
No	If "No", please complete the table below.

Yes/No	
<input type="checkbox"/> <input type="checkbox"/>	Is this application for more than \$100,000?
<input type="checkbox"/> <input type="checkbox"/>	If "Yes" above, do budget categories Equipment, Supplies, Contractual and Other have a combined value of \$50,000 more? NOTE: If it is prudent to expect that during the initial contract period the combined subcontracting amount in these budget categories will exceed \$50,000, applicant should respond "yes".
Yes	If "Yes" to both of the above, you MUST comply with the HUB Subcontracting Plan (HSP) Procedures listed below and document your efforts by completing the Determination of Good Faith Effort form (C-DGFE) and the Subcontractor Status Determination form (C-SSD).
No	If "No" to either of the above, you do not have to complete any other HUB forms; however, we encourage you to make efforts to subcontract with qualified HUBs whenever possible in connection with this contract.

HUB Subcontracting Plan (HSP) Procedures

By implementing the following procedures, an applicant shall be presumed to have made a good faith effort to fulfill a HSP.

1. The applicant must notify at least three (3) qualified HUBs of the work that the contractor intends to subcontract. The primary source for finding certified HUBs is the General Services Commission HUB vendor file. These businesses can be located at <http://www.gsc.state.tx.us/cmb/cmbhub.html> **(select HUBs on CMBL or HUBs Not on CMBL)**:

- The preferable method of notice shall be in writing;
- The notice must include a quantitative description of the subcontracting work and identify a location or means to review contract specifications;
- The notice must be provided to potential subcontractors prior to submission of the application;
- The applicant must provide potential subcontractors a reasonable period of time to respond to the notice. "Reasonable time" in this context is no less than five working days from receipt of the notice to respond unless circumstances require a different time period, determined by the soliciting agency and documented in the project file.

2. If it is determined that the applicant fails to provide a good faith effort to fulfill these HSP procedures, the applicant's executive director will be notified with a required date for correction of the deficiencies noted.

3. After a contract/grant award, the contractor/grantee shall report to the TDH HUB Coordinator the amount paid to its subcontractors on a quarterly basis using the Quarterly Subcontract Report form (C-QSR) provided in this application.

FORM J-2: TDH GRANT/CONTRACT APPLICANTS CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-DGFE)

DETERMINATION OF GOOD FAITH EFFORT

Based on applicant's responses to the HUB Subcontracting Plan (HSP) form (C-IGA), applicant may be required to complete and submit this form with the application. The purpose of this form is to document applicant's good faith efforts to develop a HUB subcontracting Plan.

1. Are you certified as a Texas Historically Underutilized Business (HUB)? ☐ Yes ☐ No
2. Do you plan to subcontract all or any portion of the contract? ☐ Yes ☐ No

If yes, you are required to complete and submit the Subcontractor Status Determination form (C-SSD).

Yes/No	The Texas Department of Health will determine if a good faith effort has been made to develop a HUB Subcontracting Plan based on the responses below	Required Documentation (to be maintained by applicant)
<input type="checkbox"/> <input type="checkbox"/>	Did your company divide the contract work into reasonable lots in accordance with standard industry practices?	Statement of compliance methodology
<input type="checkbox"/> <input type="checkbox"/>	Did your company send notices containing adequate information about bonding, insurance, plans, specifications, scope of work, and other requirements to three (3) or more qualified HUBs, allowing reasonable time for HUBs to participate effectively?	Phone Logs, Fax Transmittals, etc
<input type="checkbox"/> <input type="checkbox"/>	Did your company negotiate in good faith with qualified HUBs, not rejecting qualified HUBs who were the best value responsive bidder?	Selection Process Documentation
<input type="checkbox"/> <input type="checkbox"/>	Did your company document reasons for rejection or meet with rejected HUBs to discuss the rejection?	Selection Process Documentation
<input type="checkbox"/> <input type="checkbox"/>	Did your company advertise in general circulation, trade association, and minority/women focus media concerning subcontracting opportunities?	Copies of Advertisements
<input type="checkbox"/> <input type="checkbox"/>	If you used a source other than the GSC HUB directory, have you identified the subcontractor and the governmental certification source, and assisted the selected minority or women- owned business subcontractor to become certified by GSC?	Subcontractor Status Determination of (C-SSD)

TDH Grant/Contract Application Identifier: (To be entered by TDH program prior to RFP distribution)

Applicant (Agency or Company) Name (print): _____

Authorized Signature and Title: _____ Date: _____

FOR AGENCY USE ONLY:

It is my determination that the applicant - **HAS** _____ - **HAS NOT** _____ - determined good faith according to Texas Government Code, Sections 2161.181-182 in connection with this application. If applicant has not demonstrated good faith, attach explanation.

Reviewed by: _____ Title _____ Date _____

FORM J-3: TDH CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-SSD)

SUBCONTRACTOR STATUS DETERMINATION

Applicant/Prime Contractor's Name: _____

TDH Grant/Contract Identifier: (To be entered by TDH program prior to RFP distribution)

Prime contactor should contact Subcontractor to obtain information as required to complete this form. Include each proposed Subcontractor.

Subcontractor Name	Address	Estimated Dollar Value of Subcontract	Description of Subcontracted Goods and/or Services	If certified as a Minority/Women-Owned Business, enter certification number and certifying entity	If HUB* Qualified, but not Certified enter Qualifying Ethnicity/Gender

*A Historically Underutilized Business (HUB) is defined as a business that is formed for the purpose of making a profit and is otherwise a legally recognized business organization under the laws of the State of Texas. At least 51% of the assets and interest and/or classes of stock and equitable securities must be owned by one or more persons who are United States citizens born or naturalized. The following are recognized by the State of Texas as having been economically disadvantaged because of their identification as members of the **qualifying groups - Asian Pacific Americans (AS), Black Americans (BL), Hispanic Americans (HI), Native Americans (NA), and American Women (WO)**. These individuals must demonstrate active participation in the control, operation and management of the daily business affairs of the company that is proportionate to their ownership interest. HUB businesses must have a permanent business office located in Texas where the majority HUB owner(s) makes the decisions, controls the daily operations of the organization, and participates in the business. Owners must be residents of the State of Texas and meet all other certification and compliance requirements. Out-of-state businesses are ineligible for state certification.

FORM J-4: TDH CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-QSR)

QUARTERLY SUCONTRACT REPORT

PRIME CONTRACTOR/GRANTEE INFORMATION:

Report Quarter: _____

Prime Contractor/Grantee Name: _____

Vendor Identification Number: _____ Object Code (agency use): _____

TDH Grant/Contract Identifier: _____ Total Contract Amount: _____

Address: _____ Telephone #: _____ Fax#: _____

SUBCONTRACTOR INFORMATION:

Subcontractor Name	Vendor Identification Number	If HUB Qualified But Not Certified, Enter Qualifying Ethnicity/Gender	Description of Services/ Materials Provide	Contact Person & Telephone Number	Amount Paid This Date	Amount Paid To Date
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
Total Reported:					\$	\$

Please check here ☐ if NO subcontractors have been utilized during this quarter.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature /Authorized Representative: _____ **Date:** _____

Send This To: Texas Department of Health
HUB Coordinator
1100 West 49th Street
Austin, Texas 78756-3199

Quarter	Months Included	Deadline
<i>First</i>	<i>September, October, November</i>	<i>December 5th</i>
<i>Second</i>	<i>December, January, February</i>	<i>March 5th</i>
<i>Third</i>	<i>March, April, May</i>	<i>June 5th</i>
<i>Fourth</i>	<i>June, July, August</i>	<i>September 5th</i>

FORM J-5: TDH CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-ASD)

APPLICANT STATUS DETERMINATION

PREAMBLE: TDH and other Health and Human Services agencies are committed to promoting full and equal business opportunities for all businesses in state contracting. To better promote these opportunities, it is imperative that we collect information on prime contractors and their subcontractors to determine if an entity meets the General Services Commission (GSC) Historically Underutilized Business (HUB) certification criteria.

PURPOSE: The purpose of the Applicant Status Determination form (C-ASD) and the Subcontractor Status Determination form (C-SSD) is to collect HUB-related information about a prime contractor and its subcontractors.

PROCEDURE: Please complete this form with information about the prime contractor. Complete Form C-SSD (additional copies may be attached if necessary) with information about subcontractors. Return the signed and completed forms to Texas Department of Health, Attn: HUB Coordinator, 1100 West 49th Street, Austin, TX 78756. After the TDH HUB Coordinator reviews the information, a representative may contact you to share additional information about HUB certification and reporting. Information on the State of Texas HUB program can be found on the GSC website at <http://www.gsc.state.tx.us> or by contacting the TDH HUB Coordinator at 1-800-243-7487.

1.	Print Legal Name of Prime Contractor:		
2.	Print the 14-digit Vendor Identification Number assigned by the State of Texas Comptroller (or enter the Federal Tax ID # (9-digits):		
3.	Is Prime Contractor a GSC certified HUB? (See HUB definition on form C-SSD.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please provide your GSC Certification No. _____ and continue with Question 8.		
4.	Is the Prime Contractor certified as a minority/women-owned business from an agency other than the GSC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please provide the name of the certifying agency.		
5.	Is the owner or company a for-profit entity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please indicate which group best describes the individuals who own at least 51% of the assets and interest and/or classes of stock and equitable securities. These individuals must demonstrate an active participation in the control, operation and management of firm's daily business affairs.		
	Group	Male	Female
	Asian Pacific American (AS)	<input type="checkbox"/>	<input type="checkbox"/>
	Black Americans (BL)	<input type="checkbox"/>	<input type="checkbox"/>
	Hispanic Americans (HI)	<input type="checkbox"/>	<input type="checkbox"/>
	Native Americans (NA)	<input type="checkbox"/>	<input type="checkbox"/>
	American Women (WO)		<input type="checkbox"/>
	None of the above	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is your primary place of business in Texas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Has the Prime Contractor maintained gross receipts or total employment levels four consecutive years in any of the following categories of the U.S. Small Business Administration's size standards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<div style="display: flex; justify-content: space-between;"> <div> <ul style="list-style-type: none"> Financial and Accounting - \$17,000,000 Medical and Other Services - \$5,000,000 </div> <div> <ul style="list-style-type: none"> Wholesale Commodities - 100 Full Time Employees Manufactured Commodities – 500 Full Time Employees </div> </div>		
8.	If Prime Contractor will NOT subcontract any portion of the contract/agreement, please check this box. <input type="checkbox"/> Complete Form C-SSD if any contract/agreement activities will be subcontracted.		

To the best of my knowledge, I certify the above information to be true and complete.

Signature of Contractor's Authorized Representative

Date